

SEASONAL BUSINESS LICENSE APPLICATION

APPLICANT INFORMATION

Applicant Name _____ Name of Organization _____

Applicant Address _____

City, State & Zip Code _____

Telephone () _____

IL Sales Tax # _____

CONTACT PERSON INFORMATION

Name _____

Address _____

City, State & Zip Code _____

Telephone _____

PRODUCT SALES INFORMATION

Product to be sold _____

Address where product
Is to be sold _____

Date(s) of Sales _____

Product Sales Hours _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

For Office Use Only

Date Approved _____

Expires _____

Fee: \$50.00 _____ Other _____